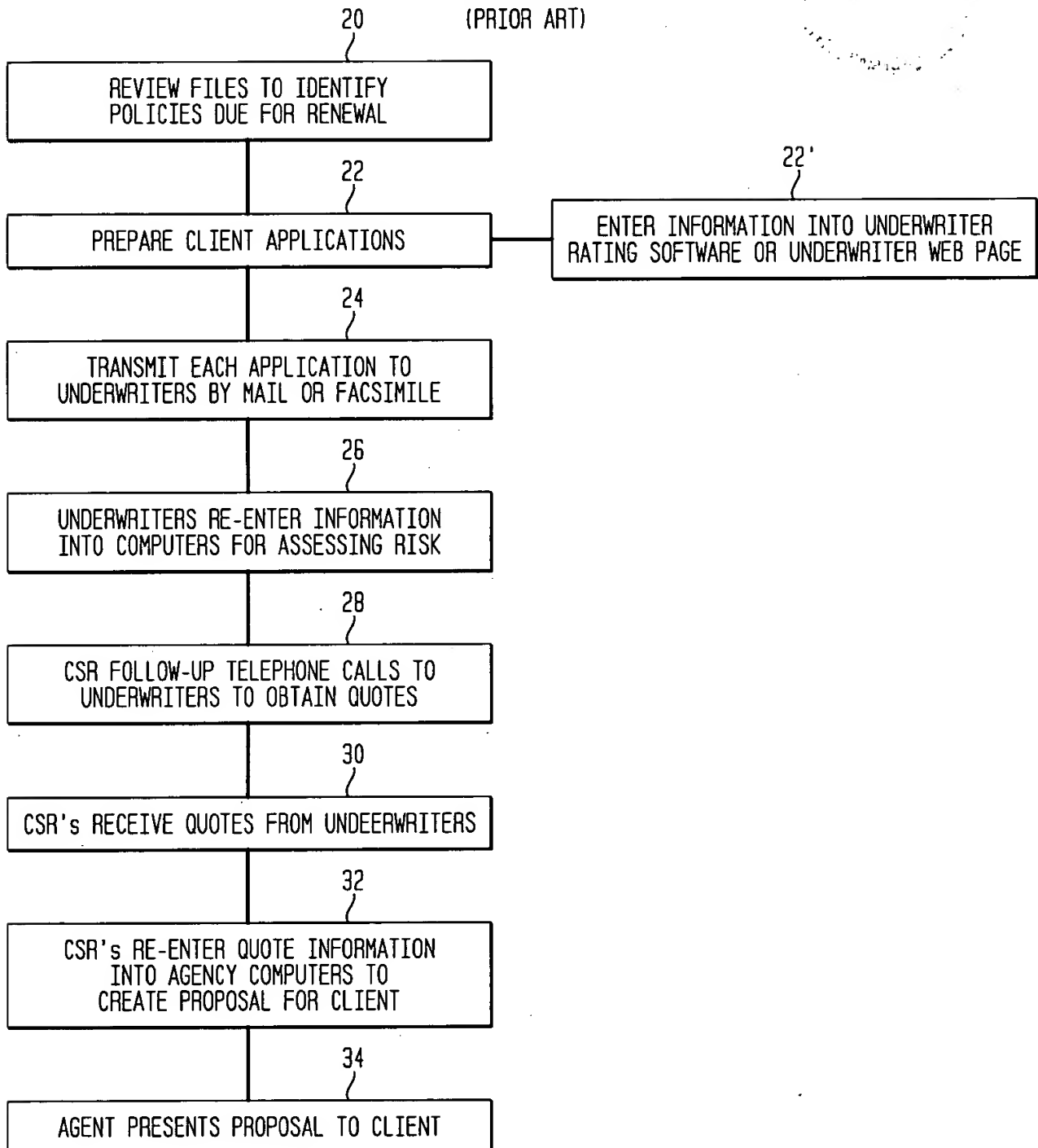


1/15

**FIG. 1**  
(PRIOR ART)



2/15  
**FIG. 2A**  
(PRIOR ART)

<b>ACORD.</b> COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION		OP ID OH DATE MM/DD/YY 12/13/00																		
PRODUCER PHONE No Exp: 973-884-4400 973-884-4411  Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff		CARRIER NAIC CODE UNDERWRITER St. Paul Fire and Marine Insur. POLICIES OR PROGRAM REQUESTED																		
CODE SUB CODE AGENCY CUSTOMER ID DSHT-1		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">INDICATE SECTIONS ATTACHED</td> <td style="width:33%;">EQUIPMENT FLOATER</td> <td style="width:33%;">GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> PROPERTY</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td><input type="checkbox"/> BOILER &amp; MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO</td> <td><input type="checkbox"/> TRUCKERS/MOTOR CARRIERS</td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO	<input type="checkbox"/> TRUCKERS/MOTOR CARRIERS	
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<input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO	<input type="checkbox"/> TRUCKERS/MOTOR CARRIERS																			
STATUS OF SUBMISSION PACKAGE POLICY INFORMATION																				
ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE PROCESS																				
X	QUOTE ISSUE POLICY	AUDIT																		
	BOUND (Give Data and/or Attach Copy):																			
	DATE 03/05/00 TIME 04:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PROPOSED EFF DATE 03/10/00 PROPOSED EXP DATE 03/10/01 BILLING PLAN DIRECT BILL AGENCY BILL																		
APPLICANT INFORMATION																				
NAME (First Named Insured & Other Names Insured) dshtest, Inc., Inc.																				
MAILING ADDRESS (of First Named Insured) David Huff 1234 Main Street Fort Wayne NJ 07922																				
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION																		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION																		
INSPECTION CONTACT David Montgomery		ACCOUNTING RECORDS CONTACT David Montgomery																		
PHONE (WV, Mo, Ex): 908-464-3464		PHONE (WV, Mo, Ex): 908-464-3464																		
PREMISES INFORMATION																				
LOC #	STREET, CITY, STATE, ZIP CODE	CITY LIMITS INTEREST YR. BUILT PART OCCUPIED																		
01	01 1234 Sunset LANE Berkley Heights NJ 07922 Union	<input checked="" type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT 1984 25%																		
		<input type="checkbox"/> INSIDE <input type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT																		
		<input type="checkbox"/> INSIDE <input type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT																		
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)																				
01	01	Sales and executive offices																		
GENERAL INFORMATION																				
EXPLAIN ALL "YES" RESPONSES		YES YES YES NO																		
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X																		
2. IS FORMAL SAFETY PROGRAM IN OPERATION?		X																		
3. ANY EXPOSURE TO FLAMMABLE, EXPLOSIVE, CHEMICALS?		X																		
4. ANY CATASTROPHE EXPOSURES?		X																		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X																		
6. ANY POLICY OR COVERAGE DECLINED CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO		X																		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X																		
8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI this question must be answered by any applicant for property insurance. Failure to disclose the evidence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		X																		
REMARKS Excellent Management																				
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO (IN SUBSTANTIAL) CRIMINAL AND CIVIL PENALTIES																				
APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE David Huff																			

3/15

# FIG. 2B (PRIOR ART)

## PRIOR CARRIER INFORMATION

DSHTE-1

LINE	CATEGORY	YEARS 98	YEARS	YEARS	YEARS	YEARS
GENERAL LIABILITY	CARRIER	USF&G				
	POLICY NUMBER	GL 23456				
	POLICY TYPE	CLAIMS MADE X OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE
	RETRO DATE					
	GENERAL AGGREGATE	2000000				
	PRODUCTS COMP OF AGGREGATE	2000000				
	PERSONAL & ADV INJ	1000000				
	EACH OCCURRENCE	1000000				
	FIRE DAMAGE	50000				
	MEDICAL EXPENSE	5000				
	BODILY INJURY	OCCURRENCE				
		AGGREGATE				
	PROPERTY DAMAGE	OCCURRENCE				
		AGGREGATE				
	COMBINED SINGLE LIMIT	1000000				
MODIFICATION FACTOR						
TOTAL PREMIUM	12000					
AUTOMOBILE LIABILITY	CARRIER	USF&G				
	POLICY NUMBER	CA45678798				
	POLICY TYPE	COMMCL				
	COMBINED SINGLE LIMIT	1000000				
	BODILY INJURY	EA PERSON				
		EA ACCIDENT				
	PROPERTY DAMAGE					
	MODIFICATION FACTOR					
TOTAL PREMIUM	13000					
PROPERTY DAMAGE	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	BLD	PERM PROP	AMT			
	MODIFICATION FACTOR					
TOTAL PREMIUM						
	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3YEARS IN KS & NY)				CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
01/01/95		all claims		1500	2500	XX
						XX
01/01/96		all		1600	2600	XX
						XX
01/01/97		all		1700	2700	XX
						XX
01/01/98		all		1800	2800	XX
						XX

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES  
PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGE INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125(7/96)



5/15

# **FIG. 3B** (PRIOR ART)

CONTRACTORS				AUGRO-1																																																																																			
EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO																																																																																
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?			X	4. DO YOUR SUBCONTRACTORS CARRY COVERAGE OR LIMITS LESS THAN YOURS?			X																																																																																
2. DOES ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?			X	5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?			X																																																																																
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING UNDERGROUND WORK OR EARTH MOVING?			X	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			X																																																																																
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED				% OF WORK SUBCONTRACTED:		• FULL TIME STAFF:																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">PRODUCTS/COMPLETED OPERATIONS</th> <th>ANNUAL GROSS SALES</th> <th>• OF LIMITS</th> <th>TIME IN MARKET</th> <th>EXPECTED LIFE</th> <th>INTENDED USE</th> <th>PRINCIPAL UNITS</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>								PRODUCTS/COMPLETED OPERATIONS		ANNUAL GROSS SALES	• OF LIMITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL UNITS																																																																								
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EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO																																																																																
1. DOES APPLICANT INSTALL, SERVICE, OR DEMONSTRATE PRODUCTS?			X	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			X																																																																																
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			X	7. PRODUCT OF OTHERS SOLD OR RE-PACKAGE UNDER APPLICANT LABEL?			X																																																																																
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			X	8. PRODUCTS UNDER LABEL OF OTHERS?			X																																																																																
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			X	9. VENDORS COVERAGE REQUIRED?			X																																																																																
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			X	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			X																																																																																
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.																																																																																							
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REMARKS																																																																																							

ACORD 126-S(3/93)                      ATTACH TO APPLICANT INFORMATION SECTION

**FIG. 4A**  
(PRIOR ART)

<b><i>ACORD</i>. BUSINESS AUTO SECTION</b>						DATE MM/DD/YY <b>12/13/00</b>																																																																																													
PRODUCER    PHONE (A/C No. Ext): 973-884-4400			APPLICANT (First Name Insured) Augros, Inc.																																																																																																
Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff			EFFECTIVE DATE <b>06/27/99</b>		EXPIRATION DATE <b>06/27/00</b>		DIRECT ALL <input checked="" type="checkbox"/> AGENCY ALL																																																																																												
CODE                      SUB CODE			FOR COMPANY USE ONLY																																																																																																
AUGRO-1																																																																																																			
<b>COVERAGES/LIMITS</b>																																																																																																			
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS																																																																																									
LIABILITY		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5		<input checked="" type="checkbox"/> CSL     EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$																																																																																															
		<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>																																																																																																	
		<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 8																																																																																																	
PERSONAL INJURY PROTECTION		<input checked="" type="checkbox"/> 5		OR EQUIVALENT DEDUCTIBLE NO-FAULT COVERAGE \$																																																																																															
		<input type="checkbox"/> 7																																																																																																	
ADDITIONAL PIP		5		TOTAL W/C \$ M/E \$		TOWING & LABOR		<input checked="" type="checkbox"/> 3		\$ 50/DIS																																																																																									
		<input type="checkbox"/> 7																																																																																																	
MEDICAL PAYMENTS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8		EACH PERSON \$		COMPREHENSIVE		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>																																																																																											
		<input type="checkbox"/> 3 <input type="checkbox"/> 7																																																																																																	
UNINSURED MOTORIST		<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 6		<input checked="" type="checkbox"/> CSL     EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		SPECIFIED CAUSES OF LOSS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/>																																																																																											
		<input type="checkbox"/> 3 <input type="checkbox"/> 7																																																																																																	
		<input type="checkbox"/> 4 <input type="checkbox"/>																																																																																																	
UNDERINSURED MOTORIST		<input type="checkbox"/> 2 <input type="checkbox"/> 6		<input type="checkbox"/> CSL     EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		COLLISION		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>																																																																																											
		<input type="checkbox"/> 3 <input type="checkbox"/> 7																																																																																																	
		<input type="checkbox"/> 4 <input type="checkbox"/>																																																																																																	
HIRED/BORROWED LIABILITY		STATES NY NJ		COST OF HIRE \$ IF ANY BASIS		STATES NY		• DAYS		• VEH		COVERAGE /DEDUCTIBLE																																																																																							
												<input checked="" type="checkbox"/> COMP \$ 500 <input type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 500																																																																																							
NON-OWNED LIABILITY		STATES NY NJ		GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS		HIRED PHYSICAL DAMAGE		COVERAGE IS:		PRIMARY SECONDARY																																																																																									
ENDORSEMENTS, FORMS, CONDITIONS																																																																																																			
COVERED (1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (7) AUTOS SPECIFIED ON SCHEDULE AUTO SYMBOLES (2) ALL OWNED AUTOS (5) ALL OWNED AUTOS WHICH REQUIRED NO-FAULT COVERAGE (8) HIRED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (6) OWNED AUTOS SUBJECT COMPULSORY U M LAW (9) NON-OWNED AUTOS																																																																																																			
DRIVER INFORMATION (Include drivers who frequently use own vehicles)																																																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">DRIVER #</th> <th style="width: 40%;">NAME (Include address, if required)</th> <th style="width: 15%;">DATE OF BIRTH</th> <th style="width: 5%;">YEAR LIC</th> <th style="width: 25%;">DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER</th> <th style="width: 5%;">STATE LIC</th> <th style="width: 5%;">USE VEH •</th> <th style="width: 5%;">• USE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH •	• USE																																																																																
DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH •	• USE																																																																																												
VEHICLE DESCRIPTION																																																																																																			
VEH # YEAR MAKE Acura				BODY TYPE				SYM/AGE		COST VIEW																																																																																									
1 1996 MODEL RL				V.I.N. JH4KA9648TC003007				\$																																																																																											
CITY, STATE, ZIP Clark, NJ				TERM		GVW/GCW		CLASS		SIC																																																																																									
WHERE GARAGED																																																																																																			
DRIVE TO WORK/SCHOOL				USE		COMM'L		CHECK COVERAGES		ADD'L PAY																																																																																									
<input type="checkbox"/> UNDER 15 MILES				<input type="checkbox"/> PLEASURE																																																																																															

7/15

# FIG. 4B (PRIOR ART)

VEHICLE DESCRIPTION (continued)															AUGRO-1											
VEH #	YEAR	MAKE	Isuzu		BODY TYPE					SYM/AGE		COST NEW														
2	1996	MODEL	NRR		VIN. JALFA12XT3700658																					
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L				
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L				
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL				
VEH #	YEAR	MAKE	Chevy		BODY TYPE					SYM/AGE		COST NEW														
3	1973	MODEL			VIN. CCES33V104317																					
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L				
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L				
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL				
VEH #	YEAR	MAKE	BMW		BODY TYPE					SYM/AGE		COST NEW														
5	2000	MODEL	323CI		VIN. WBABM3346YJN85845																					
CITY, STATE, ZIP Clark, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L				
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L				
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL				
VEH #	YEAR	MAKE			BODY TYPE					SYM/AGE		COST NEW														
		MODEL			VIN.																					
CITY, STATE, ZIP					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNDRINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L				
<input type="checkbox"/> UNDER 15 MILES		<input type="checkbox"/> PLEASURE		<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		<input type="checkbox"/> COLL		<input type="checkbox"/> SPEC C OF L				
<input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> FARM		<input type="checkbox"/> SERVICE		<input type="checkbox"/> PIP		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> \$		<input type="checkbox"/> COLL				
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)																										
INTEREST		RANK		NAME AND ADDRESS		REFERENCE #		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER																
<input checked="" type="checkbox"/> ADDITIONAL INSURED				American Honda Finance Corp.				AMERHO1		LOCATION BUILDING																
<input checked="" type="checkbox"/> LOSS PAYEE										VEHICLE 1 BOAT																
<input type="checkbox"/> MORTGAGES				200 Continental Dr. Suite 301						SCHEDULED ITEM NUMBER:																
<input type="checkbox"/> LIENHOLDER				Newark DE 19713						OTHER																
<input type="checkbox"/> EMPLOYEE AS LESSOR																										
GENERAL INFORMATION																										
EXPLAIN ALL "YES" RESPONSES										YES		NO		7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?											X	
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?												X		8. ANY HOLD HARMLESS AGREEMENTS?											X	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?												X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS											X	
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?										X				10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?											X	
4. ARE ANY VEHICLES LEASED TO OTHERS?												X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											X	
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?												X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											X	
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?												X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											X	
														14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?											X	
DESCRIPTION OF GARAGE/STORAGE LOCATIONS															MAXIMUM DOLLAR VALUE SUBJECT TO LOSS											
REMARKS																										
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate boxes) below and sign where applicable!																										
DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,IN,MD,NJ,NV,OK,OR,PA,RI,SC,WV: USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME,MN,MO,VT,VA,WA,WI																										
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										<input type="checkbox"/> SELECTING UM AND UM LIMITS EQUAL TO MY LIABILITY LIMITS. <input type="checkbox"/> SELECTING UM AND UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.																
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. ACORD 127 (2/95)										1. I SELECT UM AND UM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE) 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 3. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE) 5. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)																
ATTACH TO APPLICANT INFORMATION SECTION																										

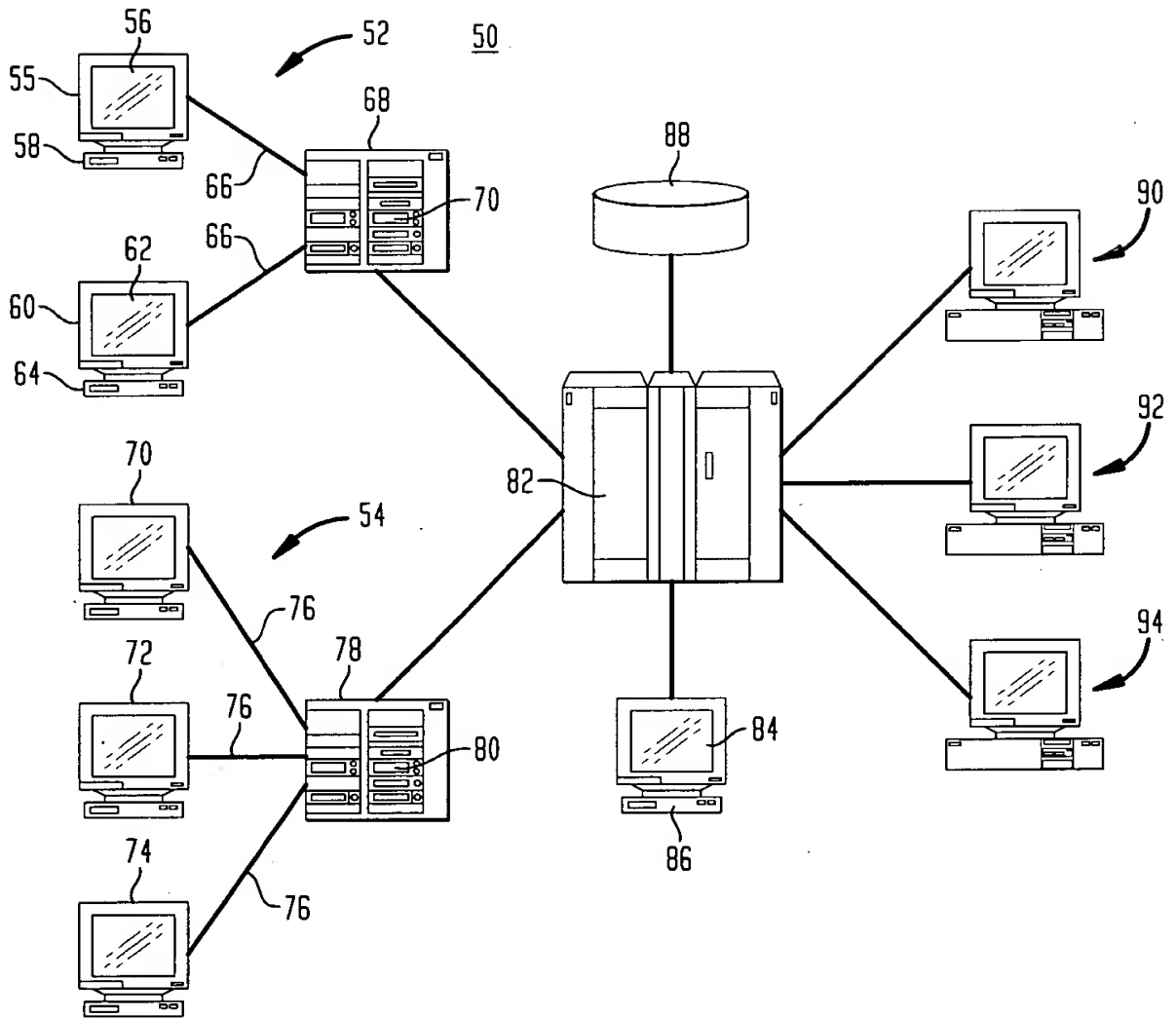
8/15

# FIG. 4C (PRIOR ART)

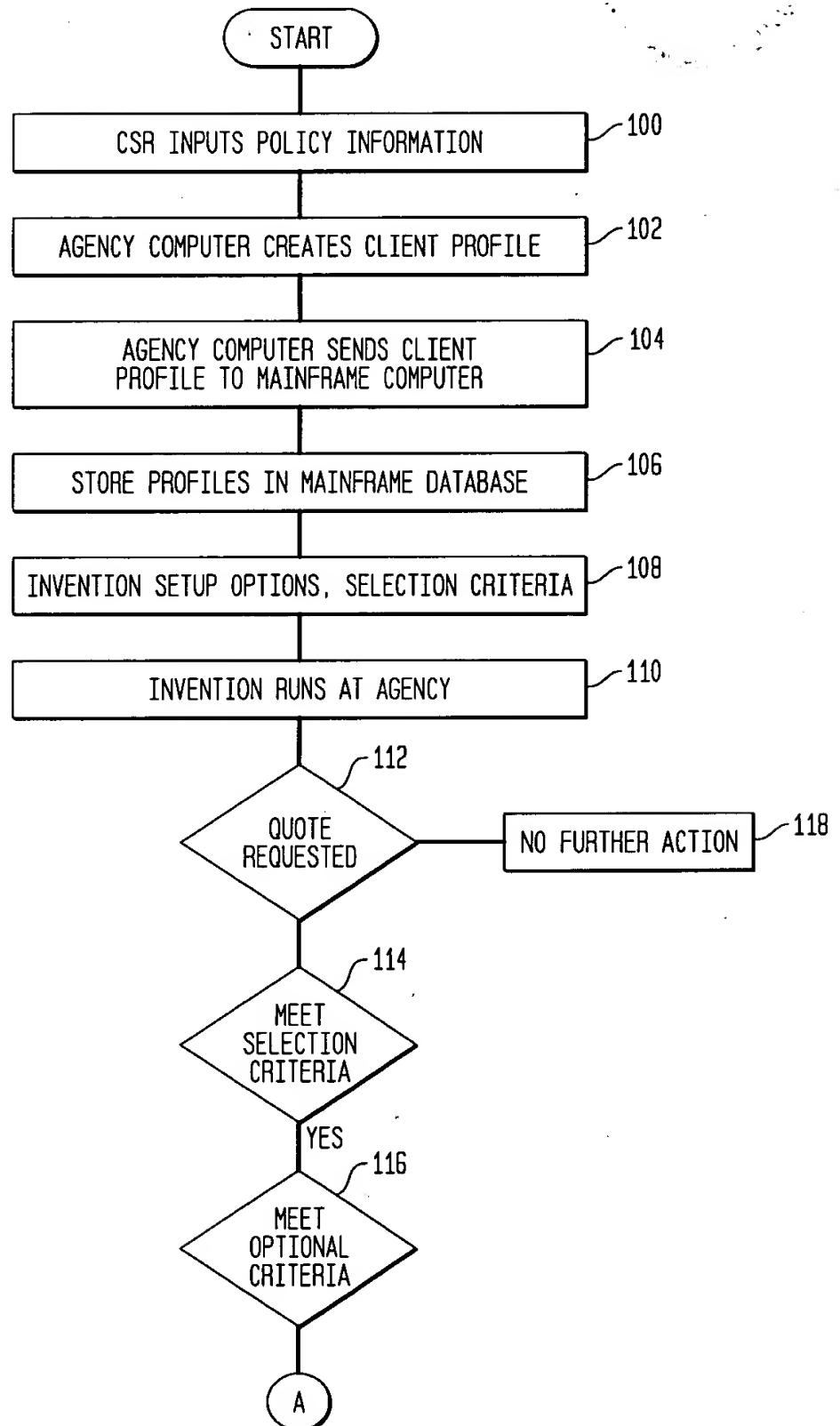
VEHICLE DESCRIPTION (continued)															AUGRO-1											
VEH #	YEAR	MAKE	Isuzu		BODY TYPE					SYM/AGE					COST NEW											
2	1996	MODEL	NRR		VIN. JALFA12XT9700658																					
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL					USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
UNDER 15 MILES					PLEASURE		RETAIL		LIAB		MED PAY		TOWING & LABOR		FT		COMP		AA		ST AMT					
15 MILES OR OVER					FARM		SERVICE		PIP		UNINS MOTOR		SPEC C OF L		FTW		COLL								COLL	
VEH #	YEAR	MAKE	Chevy		BODY TYPE					SYM/AGE					COST NEW											
3	1973	MODEL			VIN. CCE533V104317																					
CITY, STATE, ZIP Ronkonkoma, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL					USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
UNDER 15 MILES					PLEASURE		RETAIL		LIAB		MED PAY		TOWING & LABOR		FT		COMP		AA		ST AMT					
15 MILES OR OVER					FARM		SERVICE		PIP		UNINS MOTOR		SPEC C OF L		FTW		COLL								COLL	
VEH #	YEAR	MAKE	BMW		BODY TYPE					SYM/AGE					COST NEW											
5	2000	MODEL	323CI		VIN. WBABM3346YJN85845																					
CITY, STATE, ZIP Clark, NJ					TERM		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL					USE		COMM'L		CHECK COVERAGES		ADD'L PIP		UNINS MOTOR		F		LSP		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
UNDER 15 MILES					PLEASURE		RETAIL		LIAB		MED PAY		TOWING & LABOR		FT		COMP		AA		ST AMT					
15 MILES OR OVER					FARM		SERVICE		PIP		UNINS MOTOR		SPEC C OF L		FTW		COLL								COLL	
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)																										
INTEREST		RANK		NAME AND ADDRESS		REFERENCE #		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER																
X ADDITIONAL INSURED				American Honda Finance Corp.				AMERHO1		LOCATION BUILDING																
X LOSS PAYEE										VEHICLE 1 BOAT																
MORTGAGES				200 Continental Dr. Suite 301						SCHEDULED ITEM NUMBER:																
LIENHOLDER				Newark DE 19713						OTHER																
EMPLOYEE AS LESSOR																										
GENERAL INFORMATION																										
EXPLAIN ALL "YES" RESPONSES										YES		NO		7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?										X		
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?												X		8. ANY HOLD HARMLESS AGREEMENTS?										X		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?												X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS										X		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?												X		10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?										X		
4. ARE ANY VEHICLES LEASED TO OTHERS?												X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?										X		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?												X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?										X		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?												X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?										X		
												X		14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?										X		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS															MAXIMUM DOLLAR VALUE SUBJECT TO LOSS											
REMARKS																										
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)																										
DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,IN,MD,NJ,NY,OK,OR,PA,RI,SC,WV: USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME,MN,MO,VT,VA,WA,WI																										
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										<input type="checkbox"/> SELECTING UM AND UM LIMITS EQUAL TO MY LIABILITY LIMITS. <input type="checkbox"/> SELECTING UM AND UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.																
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										(_____) (APPLICANT'S SIGNATURE) (_____) (APPLICANT'S SIGNATURE) (_____) (APPLICANT'S SIGNATURE) (_____) (APPLICANT'S SIGNATURE) (_____) (APPLICANT'S SIGNATURE)																
ATTACH TO APPLICANT INFORMATION SECTION																										



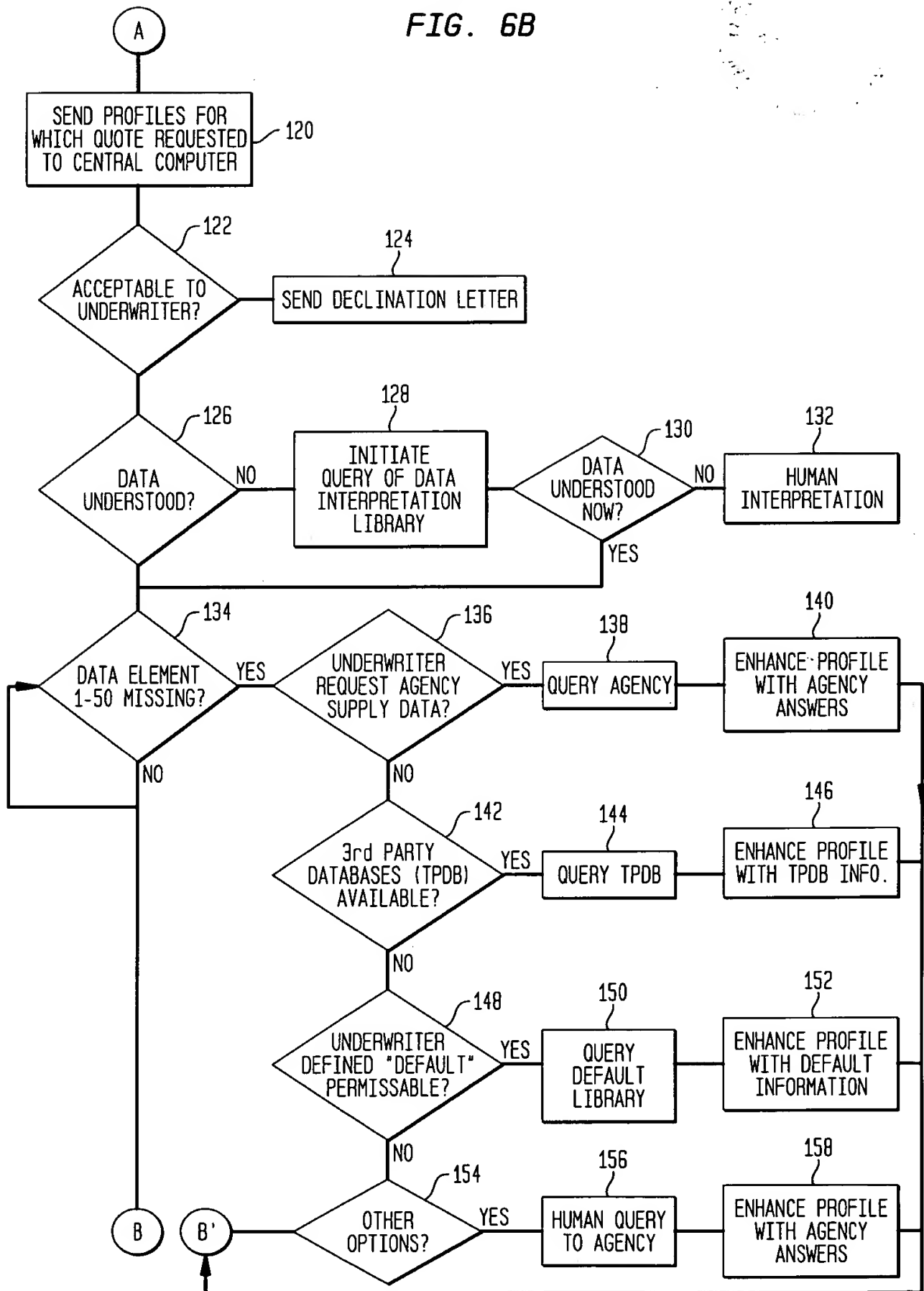
FIG. 5



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**FIG. 6A**



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FIG. 6B



**FIG. 6B-1**

111A	111B	111C	111D	111E	111F	111G
SPC	098	052101	TAM	WC	1	XML

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FIG. 6C

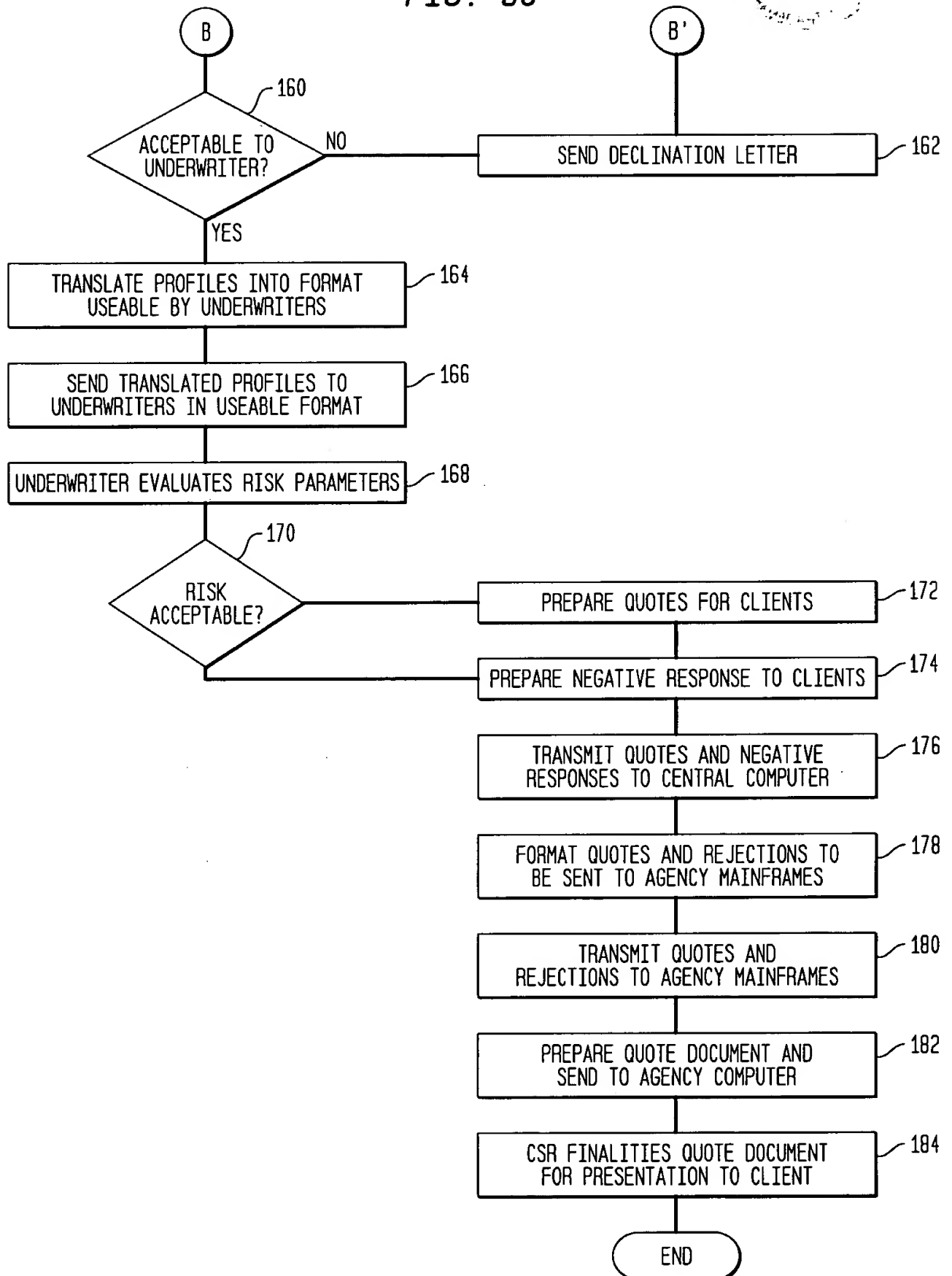




FIG. 8

